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OFFICE OF PETITIONS

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q67010

Kazuya TAKENOUCHI, et al.

Appln. No.: 10/035,217

Group Art Unit: 1616

Confirmation No.: 4555

Examiner: Sabiha Naim Qazi

Filed: January 04, 2002

For: VITAMIN D3 DERIVATIVE AND TREATING AGENT FOR INFLAMMATORY
RESPIRATORY DISEASE USING SAME

**PETITION TO ACCEPT UNINTENTIONALLY DELAYED CLAIM
FOR BENEFIT OF PRIORITY**

MAIL STOP PETITIONS

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.78(a)(3), Applicants submit a petition to accept the unintentionally delayed claim for benefit of priority in the above-identified patent to International Application No. PCT/JP99/05826, filed on October 22, 1999, in view of the following:

1. The entire delay between the date the claim for benefit of priority was due under 37 C.F.R. § 1.78(a)(2)(ii) and the date that the claim was unintentional.
2. The reference required by 35 U.S.C. § 120 and paragraph 37 C.F.R. § 1.78(a)(2) to the prior filed application is submitted herewith.

05/06/2004 AWONDAF1 00000032 10035217

01 FC:1454

1330.00 OP

Adjustment date: 09/15/2005 AKELLEY

05/06/2004 AWONDAF1 00000032 10035217

01 FC:1454

-1330.00 OP

Repln. Ref: 09/15/2005 AKELLEY 0009534400

DAH:194880 Name/Number:10035217

FC: 9204

\$1330.00 CR

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|-----------------------------------|----------------|--------------|-------------------|---|---------------------------|--|--|----|--|-------------------|--|--|----|--|-------------------------|--|--|----|---|----------|------|--------|------------|--|-------|--|--|----|--|-----------------------------------|--|--|----|--|-------------|--|--|----|--|------------|--|--|----|--|-------|--|--|----|---|--|--|--|
| 1 Date of Request: <u>5/11/05</u> | | 2 Serial/Patent # <u>10035217</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td>✓</td><td>Petition</td><td>Pet.</td><td>5/4/04</td><td>\$ 1330.00</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table> | | Filing | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | Amendment | | | \$ | | Extension of Time | | | \$ | | Notice of Appeal/Appeal | | | \$ | ✓ | Petition | Pet. | 5/4/04 | \$ 1330.00 | | Issue | | | \$ | | Cert of Correction/Terminal Disc. | | | \$ | | Maintenance | | | \$ | | Assignment | | | \$ | | Other | | | \$ | 7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ 1330.00</div> | | | |
| | Filing | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Amendment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ✓ | Petition | Pet. | 5/4/04 | \$ 1330.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Issue | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Maintenance | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Assignment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td>✓</td><td>No Fee Due (Explanation):</td></tr> </table> | | | Overpayment | | Duplicate Payment | ✓ | No Fee Due (Explanation): | 8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ✓ | No Fee Due (Explanation): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 <div style="border: 1px solid black; display: inline-block; padding: 2px;">19--4880</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Petition was unnecessary - no fee required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Liana Chase</u> | | TITLE: <u>Paralegal</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>272-3206</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OFFICE: <u>Petitions</u> | | DATE: <u>9/15/05</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>9/15/05</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**